

REVIEWS OF BOOKS.

SURGICAL ANATOMY. A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery. By JOHN B. DEEVER, M.D. In three volumes. Vol. i. Philadelphia: P. Blakiston's Son & Co.

It is a difficult matter for any man to write a book on this subject which shall contain much original matter. The path is one that has been well trod, and in acknowledging his indebtedness to such men as Holden, Heath, and others, the author anticipates the perfectly natural criticism that he is only following where others have led the way. This work is conceived on the general plan of Holden, of which it is an amplification; but it is Holden glorified, a Holden in purple and gold. The publishers state that this is the first work of the kind ever attempted in America. We must, however, remind them of the beautiful volumes of McClellan, published for him by the Lippincotts in 1896. The two works, written from somewhat different stand-points, fairly represent what American publishers can accomplish in this difficult branch of book-making. The later work of Deever certainly excels its predecessor as a specimen of the printer's and binder's art. It is seldom that any publisher is willing to invest a sum sufficient to produce a volume such as this, which delights the eye as one glances over its pages. The type is evidently new, and of a pleasing size and style. The paper is of unusual quality, and adds to the artistic character of the work. We think that these matters are noteworthy, for they are not, as a rule, things about which the publisher of a medical work concerns himself; yet they add much to the pleasure of possession, and rejoice the artistic sense of which the world, particularly that part of the world engaged in publishing medical works, supposes doctors to be destitute. Mc-

Clellan and Deaver have, as has been said, attacked the problems of surgical anatomy from somewhat different stand-points. It is conceded that it is difficult to write a text that shall differ much from that of the pioneers in this work. Therefore, it is the plates which represent the author's real work, and which, the results of dissections, must possess an originality of their own, and represent individual ideas of teaching better than the written text. McClellan has striven to faithfully represent his dissections exactly as they appeared, calling to his aid the camera and the brush; yet many of his plates, exquisite as they are, do not clearly convey to a novice the information he requires, for the reason that a photograph can never adequately represent on a flat surface the different planes of a dissection, a matter of the utmost importance in surgical anatomy. Thus, while McClellan's plates are of great artistic value, they lose something of teaching power, because it is impossible in a photograph to emphasize the points of a dissection which most need elucidation. It is, perhaps, for this reason that Dr. Deaver has departed from the strict accuracy of the photograph, and given to many of his drawings a somewhat diagrammatic appearance. Many of Dr. Deaver's plates are highly artistic, some are distinctly inartistic, but they are all clear, and teach exactly what they are intended to teach, so that it is impossible for the poorest tyro not to understand the relations of the illustrated structures. In the interests of clearness, we suppose, the arteries have been drawn with a series of parallel rings, so that most of the larger vessels look like tracheas which have gotten lost to reappear in strange and unaccustomed places, while the smaller branches seem to have become the seat of a series of miliary aneurisms. We wish that it was possible to soften this ringed appearance in the arteries, as it is a disfigurement to many otherwise beautiful plates. The use of the camera is to be commended for one thing, in that it preserves the relative proportions of the different structures far better than the pencil of the artist. Thus, many of Dr. Deaver's plates are calculated to give erroneous ideas of the size of the smaller arteries and nerves. In Plate 86 the radial artery is represented as larger than the brachial of a previous drawing, while the radial nerve is as large as

the median. This is a fault that is common to most of the drawings from Plates 79 to 92. It is not in the interests of accuracy in a work in which the structures ought to be drawn to scale to change the proportions so that the drawings are actually misleading. The radial nerve is by actual measurement depicted as a quarter of an inch in diameter; other small arteries and nerves being as much out of proportion in all of the plates mentioned. Clearness does not require such exaggerations. Dr. Deaver gives the reviewer little occasion to criticise his anatomy, although there are some statements which seem open to question. On page 352 he says that the spinal column has no lateral curvature, which is certainly not in accord with any text-books on anatomy with which the writer is acquainted. On page 584 it is stated that the course of the longitudinal sinus is represented by a straight line drawn from the root of the nose over the median line of the vertex to the external occipital protuberance. It is the experience of the reviewer that in most cases the sinus in the posterior part of its course would, particularly in the region of the protuberance, lie wholly to the right of this line. One can always approach closer to the median line from the left side in the occipital region than from the right. On page 360 there is a valuable table of landmarks prepared with reference to the spines of the vertebræ. The plates of the spinal cord and its membranes are most instructive and are finely executed; so, too, are the plates which describe the ligaments of the spinal column.

Plates 148, 149, and 150, which deal with the interior of the cranium and the superior surface of the brain, are extremely beautiful, and cannot fail to give a clear idea of the different structures depicted. We anticipate with pleasure the drawings of the brain itself which are to appear in the second volume.

There are some questions of surgery in the book on which most text-books and very many operators will differ from the author. On page 27 the warning is given that "too deep an incision may enter the tendon-sheaths or the great carpal bursa." These situations are precisely where we most frequently find pus in suppurations about the hand, and, unless the incision is made sufficiently deep to drain these

spaces, widespread destruction of function may ensue, not to speak of more serious consequences.

On page 248 it is stated that in subglenoid dislocations of the humerus the long tendon of the biceps is in many cases torn. This is doubtful. Indeed, Stimson in his classical work on "Fractures and Dislocations" says that the tendon of the long head of the biceps appears to habitually escape rupture.

On page 260, the writer states that bones are excised for malignant growths. We do not think that surgeons will approve of this statement. A malignant growth in one of the long bones will require a high amputation, and at the present time a surgeon who would venture to excise a bone which was the subject of malignant growth could be accused of a too limited acquaintance with pathology. In the same line, under the subject of excision of the clavicle, the advice is given to separate the periosteum from the bone and lift the bone out after severing the clavicular and sternal attachments. As the clavicle is excised, as a rule, but for one cause, sarcoma, this advice is distinctly bad, and would, if followed, render recurrence a certainty. Further on, under the head of fractures, it is stated that fractures of the humeral condyles are not very frequent. If the writer means compared with all fractures this may be true; nevertheless, it is undoubtedly also true that fracture of the condyles, one or both, is one of the most frequent injuries that can befall the humerus. The transfixion method is recommended for amputations at the elbow. This will not meet with universal approval. It is somewhat surprising in treating of amputations at the shoulder to find Dr. Deaver advocating ancient methods of controlling hæmorrhage, while omitting so important an improvement in hemostasis as the use of Wyeth's pins. In treating of aneurism, the author delivers himself as follows regarding the method of Antyllus: "This is not a good operation, because there is copious bleeding, the artery is tied where its coats are diseased, and secondary hæmorrhage is likely to occur." To this statement we may compare that made by Stimson in his article on the same subject which appeared in Dennis: "The operative method which has most recently received the stamp of approval, and has been

put forward as the method of choice, is the method of Antyllus." Many surgeons have gone further than this and advised and practised complete excision of the sac. It is by no means certain that this method, so recently revived, will take the place of the Hunterian operation; nevertheless, the fact that it has been revived and extensively practised by some of our best surgeons entitles it to more considerate mention. In speaking of inoperable aneurisms no mention is made of MacEwen's method of needling the sac, nor of the introduction of a large or small quantity of wire within the sac in connection with the use of a galvanic current. It is true that this work does not pretend to be a treatise on surgery, but if ancient methods of treating aneurisms are to be given a place, the more modern treatment should not be excluded. When speaking of the application of the ligature to an artery, the author again follows the older practice of applying sufficient force to rupture the inner coats. He thus ignores the work of Ballance and Edmunds, who showed not only that this was unnecessary, but that it was a distinct danger. With regard to the treatment of hæmorrhage from the palmar arch, the author clings to the old ideas, and advocates the use of compresses or a resort to ligation of the brachial artery, or the application of hemostats which are to be retained for a certain time. To take up the last point first, it seems evident that if the hemostats control the hæmorrhage, that a suture ligature about the tissues compressed would equally control it. The palmar arch is no less amenable to modern methods of hemostasis than any of the other anastomoses of the circulation, and the rule here is exactly what it is elsewhere, namely, to tie both ends of the bleeding vessel. What mystery is there about the palmar arch which should compel us to tie the brachial instead of applying ligatures directly to the bleeding points? We have absolute control of the hæmorrhage, and it is possible to locate the bleeding points as accurately here as elsewhere. The proposition to stay the hæmorrhage with compresses is most unsound. Such a method has two disadvantages, first, it is uncertain and liable to be followed by serious loss of blood in the surgeon's absence. Second, it invites sepsis, for it implies equally with the use of hemostats an open wound, together

with the increased danger of considerable pressure. It has no place in modern surgery. We are surprised to find it mentioned with approval. It is with some regret that we find it necessary to criticise more or less severely many of the surgical tenets laid down in this book. They were, no doubt, orthodox twenty years ago, but will not receive approval at the present day.

ALGERNON T. BRISTOW.

MECHANICS OF SURGERY. By CHARLES TRUAX. Chicago, 1899.
Pp. 1224. Charles Truax, publisher.

This volume, compiled and published by Mr. Charles Truax, an instrument maker of Chicago, enters a field seldom touched on by surgical writers. In his "Mechanics of Surgery," Mr. Truax has endeavored to supply an armamentarium which shall not merely picture and designate the various surgical implements, appliances, and furniture, but shall give a word of description to each. Expanding this idea, the instruments are grouped appropriate to the region for which they are adapted, lists of the tools required for each sort of operation are furnished, and directions appended for the preparation of surgical supplies, for the sterilization of dressings, and for the measurement and application of orthopædic appliances.

As the author points out, no mere catalogue of instruments is complete enough to furnish more than the name, price, and appearance of the maker's stock in trade, and is often faulty in these particulars; writers seldom speak of the mechanical part of the operations they describe other than in the most casual way; while uniformity of nomenclature is sadly lacking. All these things he tries to set right.

The rapid strides in operative surgery have caused more than corresponding increase in surgical tools: new masters of the art are constantly devising new forms, or remodelling old ones to suit their necessities or their whims; new methods have made obsolete many instruments once thought indispensable; from all of which it follows that a work intended to guide the beginner in his choice of tools, or to furnish the skilled surgeon an adequate source whence he may